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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No.		
ზ ∐	A THE AMERICAN	FIGATE OF BIRTH Registered No.
B	County	Siate arizona.
in in	District or Township	or Village
8 g	City. No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
ch.	2. Full think of child.	If child is not yet named, make supplemental report, as directed.
or ea	3. Sex of Child To be answered ONLY In event of plural	6. Legitimate? 7. Date of birth May 1 - 1927.
WRITE PLAINLY WITH UNRADING INK—THIS IS A PERMANENT RECORD than one child at a birth, a SEPARATE RETURN must be made for each, and the number order of birth stated.	5. No., in order of birth.	Month Day Year
	8. FATHER Full name Paster Berumen	Full maiden name Crimaa Suriano
	9. Residence (Uaual place of abode)	15 Residence (Usual place of abode) Miami
	If non-resident, give place and state.	If non-resident, give place and state.
	10. Color or race	16 Color or race
	11. Age at last birthday Q.Q. (Years)	17. Age at last birthday. 33 (Years)
	12. Birthplace (city or place)	18. Birthplace (city or place)
	(State or country)	(State or country) 19. Occupation
	Nature of industry ()	Nature of industry
	20. Number of children of this mother.	d now living D 121. Were precautions taken against oph-
	(20. Number of children of this mother	o non mining-promise and the contract of the c
5 (* When there was no attending physician) and () When there was no attending physician)		PHYSICIAN OR MIDWIFE 5 10 A. m. on the date above stated
` *		
) g		
Month, day, year Man 11.27		Jan 1/ 27 000 June
}	Registrar Filed	Registrar
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